

# EDITORIALS

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## *A Job Action by Physicians*

CALIFORNIA PHYSICIANS are aware, but others may not be, that the California Medical Association has sponsored bills in the California legislature every year for at least five years seeking relief from or some solution to the malpractice problem. In one sense these bills may even then have been after the fact in that it may have been no longer possible to prevent an inevitable crisis. But in another very real sense they were ahead of their time in that none of those concerned—not the average physician, nor the legislature nor the public—was ready to give this problem their full attention or support. Be this as it may, the record will show that while this early, forward looking and persistent effort of the CMA produced some results, these were obviously less than what was desirable or needed. Inevitably the issue came to a head when the laws as written, court interpretations of the law and court awards or judgments against physicians and hospitals finally overwhelmed the presently existing system of professional liability insurance.

An intolerable situation developed when several thousand physicians in northern California were suddenly informed that their professional liability insurance premiums would be tripled or quadrupled and that for some highly technical and high-risk specialties the rates would be between \$15,000 and \$25,000 a year.

The reaction among physicians in high-risk specialties, particularly anesthesiology, was immediate. This additional cost was more than they felt could or should be passed on to their patients. A job action, a widespread withholding of professional services, developed almost spontaneously. The power of this approach proved to be almost frightening. Elsewhere in this issue the impact of this withholding of physicians' services upon a major urban community hospital is described—with sympathy for the physicians, but also with a firsthand account of what this can mean to a community hospital, the hospital personnel and the patients the hospital normally

serves. The implications are truly far-reaching. It seems very evident that job actions by physicians such as this can effectively destroy the fiscal integrity of private nonprofit community hospitals, and do this quite quickly and quite unintentionally, with serious immediate and long-range implications for the viability of private sector in patient care.

Again, as California physicians know but others may not, the California Medical Association has responded by launching a massive effort for legislative reform and public understanding of this problem which strikes at the very heart of patient care in this nation. One senses that there is now a growing understanding of the problem, and that if reason prevails, and all groups and factions work together rather than competitively or at odds, a solution can be found that all can live with. If this can be accomplished somehow, medical care will be strengthened not only in California but in the nation.

—MSMW

## Clinical Care of Burned Patients

THE CARE of burned patients is still one of the most difficult and complex challenges in medicine. Approximately 20 years ago, the late Carl Moyer rather shocked the American Surgical Association when he reported, using source data from papers written approximately 50 years apart, that the mortality rate of burned patients had not changed since the end of the 19th century. Despite massive advances in fluid resuscitation which had occurred in the early part of this century, and despite the increased survival of burned patients through the period of "burn shock," overall survival had not increased. A paper on "Advances in the Clinical Care of Burned Patients" by Currier and Marvin in the current issue, clearly shows why. The complexity of the burn problem literally assures that no one advance will affect long-term